

**Agenda item 4.ii**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 1<sup>st</sup> October 2020</b>
<b>Report from:</b>	Tony Bottiglieri, Freedom to Speak up Guardian	
<b>Principal Objective/Strategy:</b>	To inform the board of progress on Speaking Up Service	
<b>Title:</b>	Freedom to Speak Up Guardian Annual Report 2019-2012	
<b>Board Assurance Framework Entries:</b>	Unable to provide safe, high quality care	
<b>Regulatory Requirement:</b>	Workforce (683)	
<b>Equality Considerations:</b>		
<b>Key Risks:</b>	Failure to attract and recruit staff and failure to retain experienced staff	
<b>For:</b>	The Board are asked to receive and discuss the report from the Trust's Freedom to Speak Up Guardian (FTSU)	

**1. Purpose/Background/Summary**

In line with the recommendations of the Freedom to Speak Up Review (Francis, 11.2.15), the Trust has a Freedom to Speak up Guardian who took up post in August 2018. This annual report covers the period April 2019 to March 2020. The report is intended to inform the Board of progress and of key issues reported to the FTSU Guardian during this period.

**2. Key Items**

**1. Context and background**

The current post holder was initially allocated 4 hours per week on appointment. This was increased to 9.5hrs (one day) from October 2019 to recognise the increase in demand for contact time by staff. However, it continues since previous reporting that time allocated for this role should be more realistically adjusted upwards in line with other NHS trusts within the region, particularly as demand significantly exceeds capacity to respond to staff concerns.

**2. Progress to date**

It has been a progressive as well as a challenging year. The role has become more established and with activities to increase the FTSU guardian role, requests for support and guidance have increased during 2019/20. Membership involvement with several Trust committees continues but with an increasing range of Trust committees generated during this reporting period, namely BAME; Equality and Diversity, Exceptional annual leave panel, Joint Staff Council and facilitating the FTSU Champion group.

It is unfortunate that profiling activities have reduced for this period. The focus coming out of Christmas 2019 has been to ensure support and access for staff as the trust geared up in responding to Covid 19 and the ensuing service changes. This proved to be a difficult period which drew attention to both the remarkable work being undertaken in treating Covid patients as well as the emotional and psychological effects this was having on some experiencing redeployment.

The importance of maintaining the momentum in increasing staff awareness during this period of the service led a series of responses by the FTSU guardian and champions, in line with the trusts continued commitment of developing a culture of speaking up at Royal Papworth Hospital. The importance of this emphasised by Francis (2015).

A summary of the actions completed between April 2019 - March 2020 are outlined below

- Training and appointment of 16 Freedom to Speak Up Champions
- Implementation of the FTSU Guardian trust strategy endorsed by the board June 2019 (2019-2021)
- Increase in 1:1 meetings with staff
- 1:1 meetings with Executive director for workforce
- Quarterly reporting to the national office and the Board
- Networking with district, regional and national FTSU forum representatives/events
- Reporting through trust briefings (13.5.19) and updating the board (February and June 2020)
- Ongoing contribution to Trust wide induction/medical staffing inductions and trust committees/ forums
- Series of drop-in surgeries: June 2019; November 2019; March 2020
- Debriefing and learning lessons project – reflective staff stories and interviews carried out and submitted to project leads
- Extraordinary reporting to the board following drop in surgery provision during Covid 19 surge period.

### **3. Priorities for 2020/21**

**Outcomes, measures and monitoring mechanisms in supporting FTSU Guardian vision and strategy 2019-2021;**

- National FTSU Index report results/targets – increase to 80.7% (78%) felt that we have a reporting culture.
- Regular review of referrals with Workforce Human Resource partners and Local Counter Fraud reporting
- To continue to build upon the existing communication channels for staff to raise concerns, to include the effective use of staff forums and committees (e.g BAME/Joint staff consultative forums, EDI/walkabouts, drop in surgeries, national speaking up month/ trust briefings)
- Maintaining a steady state of freedom to speak up champion representatives across the trust
- Quarterly FTSU updates for all staff via communication team and intranet.
- Introduction of case audit review of how incidents are managed and reported with district NHS Trust partners (Peer case audits – National office initiative)
- Annual reporting to the Trust executive board to inform on annual reporting themes and lessons learnt
- Story telling as a method of learning lessons to the trust board to continue
- Profiling speaking up through National Speaking up Month – October 2020
- Quarterly FTSU Champion forums
- Continued involvement with panel representation – Annual leave exceptional circumstances; Hardship applications

National reporting Q1, 2, 3 and 4 – based on national reporting template

Reporting period	Q1		Q2		Q3		Q4		Total 2019/20	2018/19 (Q2,3,4)			
Number of cases brought to FTSU Guardian	15		9		18		19		61	30			
Number of cases with an element of bullying or harassment	15		9		8		10		42	25			
Number of cases with an element of patient safety/quality	0		0		3		2		5	0			
Number of cases where staff indicate they are suffering detriment as a result of speaking up	2		0		4		2		8	2			
Number of cases raised anonymously	0		0		0		0		0	0			
Number of cases brought by professional group	Admin/Clinical	6	Admin/Clinical	3	Admin/Clinical	3	Admin/Clinical	3					
	Doctors	1	Doctors	1	Doctors	3	Doctors	2					
	Healthcare Assistants	2	AHP	2	Cleaning/Catering/maintenance/Ancillary	2	Cleaning/catering	3					
		Nurses	6	Healthcare Assistants			1	AHP			5		
					Nurses	2	AHP	2			Healthcare Assistants	2	
		Corporate services			1	Healthcare Assistants	1	Nurses			4		
		Healthcare Assistants			1		Nurses	6					
					Nurses			6					
	Given your experience, would you speak up again?	Total responses	15	Total responses	9	Total responses	11 (18)	Total responses			13 (19)		
		Yes	9	Yes	7	Yes	8	Yes			9		
No		3	No	0	No	1	No	0					
Maybe		3	Maybe	0	Maybe	2	Maybe	4					
Don't know			Don't know	1									
Common themes from feedback	Leadership and management styles, lack of understanding of HR		Leadership and management styles, flexible working and WFH, Job evaluation		Concerns regarding selection process; Promotion opportunities and bias		Bullying and harassment, redeployment process and discriminatory						

	processes; poor communication; issues not taken seriously and discouraging staff from speaking up	and BAME promotional prospects/career advancement	in accessing training programmes	concerns, communication and managements styles/traits		
Summary of learning point	Civility, equality and diversity awareness	Better understanding of equality, diversity equal opportunity and discrimination.	Lack of civility from senior nurses towards junior nurse; Inequality of opportunity careers advancement and training access	Speaking up and concerns regarding consequences, redeployment challenges		

#### 4. Feedback and outcomes of reported incidents

Incidents reported to either the guardian or champion, where consented by staff member, these are raised with HR partners. This is to ensure accuracy of incident reported as well as to determine action. Several of the reported incidents are known to the trust and are currently in the process of investigation/consideration or have concluded. Staff that did not wish to progress their concerns, these were noted with no further action taken.

All interactions with staff wishing to speak with the guardian/champion are advised of disclosure, public protection and safeguarding. Several staff seek guardian or champion involvement at various stages of the issue, particularly where grievance is the main issue. In some incidents, this is because the grievance is against their line manager, or where a performance/capability allegation has been made and mitigating circumstances have not been accounted for sufficiently. In some incidences, staff expressed concerns that reporting may have repercussions for them. Reporting has also highlighted concerns about the nature of the incident, that it would not be considered important enough to warrant attention, particularly if it was related to attitude and behaviour.

This year, as highlighted at the start of this report, has been a difficult and challenging period, with much of this considered attributable to the Covid 19 pandemic. The nature of reporting has reflected the anxiety in which some staff felt about how they have been treated as a consequence. A growing worry has been from the reporting by staff that allege being subjected to racially motivated discrimination in the form of bullying and harassment. It is extremely disappointing to see this emerge as a concerning phenomenon within specific areas of our clinical services. Workforce is aware and action/dialogue to address this is underway. The BAME committee provides an effective forum in which to discuss these issues, however, it is essential that this behaviour is not tolerated. Last year's report suggested that racial issues were implied, for this year, those reporting have a firm belief that racial discrimination suffered has been intentional and tolerated. One example of how this was tolerated was how a WhatsApp messaging group (clinical team) was used without proper governance which displayed racially motivated images.

We are now starting to see the return of business as usual, where projected Covid 19 infections are increasing. Lessons learnt from the debriefing exercise need to be considered so that the levels of anxieties reported alongside our redeployment methodologies are factored and addressed as we approach winter 2020/21, how we induct and prepare staff, how we allow staff to maintain links with their host areas, how we monitor their wellbeing during redeployment, and how we construct debriefing opportunities during redeployment.

There has also been a continuation of some managers not fully understanding policies used to help guide how we address staff capability, performance/conduct. In some cases, issues have been avoided where managers have been unwilling to address the present allegation even where the allegation is clearly evidenced. This has in a small number of staff, triggered resignations.

The following cases are examples of some of the issues reported:

#### Example of cases

##### Case 1

A member of staff is criticised for posting a Youtube video clip into the teams WhatsApp group. The clip is of a female comedian of African ethnicity discussing issues of racism. The person discloses that this was posted in response to what she felt was a lack of empathy by staff of the discrimination experienced by black workers like herself. The member of staff was at this time

working through an action plan to address a performance issue. By uploading this clip, she was criticised by her senior nurse leaders because of its timing, claiming that it may have a negative effect on staff morale. On further discussion with the FTSU guardian, the person provided examples of racially nuanced clips which had been pre-loaded before her own. The person felt that the attitude towards them in uploading the clip had attracted criticism whereas those clips which appeared prior to this had not.

This is currently under active investigation.

### **Case 2**

Person advises that she has raised a workload issue with her line manager. She is concerned that this has not been taken seriously, as no action followed. The issue relates to removing a series of tasks which should be located with another post-holder. The person and the line manager were in agreement that the solution was to reallocate the tasks to another role. Time drifted without solution. The FTSU guardian was approached and agreed to raise this with the line manager and their senior. Reassured that action would follow. No action was taken. A meeting was called between the person and 4 other managers, this surprised the person as the focus of the meeting discussed only one aspect of the issues, again without resolution. Lack of management in confronting the action required has led the person to resign. Notice period is being served through sickness absence.

### **Case 3**

Person currently shielded and working from home, risk assessment follows and review of redeployment ensues. Person complains that he feels the process will be biased because person has experienced comments about their age, and whether they have/had considered retirement. Couched as a series of comments made because they cared about the person, the person felt intimidated and has sought an apology, the person remains sceptical about the transparency of the redeployment process

### **Case 4**

Series of reporting based on the investigation undertaken by the trust to examine claims of an unfair process in awarding promotion for a fixed period to staff working in critical care during the Covid 19 surge. Several staff from Black and Asian ethnic backgrounds brought this to the guardian's attention, describing the process as non-compliant with recruitment and selection legal requirements. Those reporting feel this reinforced an undercurrent attitude towards them which has affected past and current career advancement opportunities.

This has been resolved; a process to ensure recruitment and staff enhancement during crises period has been developed and is in the process of implementation.

### **Case 5**

Similarly, the reporting of allegations by BAME staff working in one of our clinical areas, that there had been an inequitable allocation of work tasks driven by racial prejudice. This is currently under review before considering the appropriate course of action, including additional education and training.

## **5. Acknowledgements in support of 2019/20**

The role and service continues to attract a high level of support from the executive team which I am extremely appreciative of. Particular thanks to our chief executive Stephen Posey, Executives Oonagh Monkhouse, Eilish Midlane and Non-executive director Cynthia Conquest

## **6. Recommendation**

**The Board of Directors are requested to note the contents of this report.**